

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Central District Of California

(State)

Case number (if known): _____ Chapter 7

☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Clearwater Nursey, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names, and *doing business* as names

3. Debtor's federal Employer Identification Number (EIN) 77 - 0080855

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

2901 Sturgis Road

Number Street

Number Street

1170

P.O. Box

Oxnard

City

CA

State

93030

ZIP Code

Nipomo

City

CA

State

93444

ZIP Code

Location of principal assets, if different from principal place of business

Ventura

County

887 Mesa Road

Number Street

Nipomo

City

CA

State

93444

ZIP Code

5. Debtor's website (URL) _____

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: _____

Debtor

Clearwater Nursey, Inc.

Name

Case number (if known)

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☒ Chapter 7
☐ Chapter 9

☐ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☐ No

☒ Yes. District See Attachment 1 When 02/11/2015 Case number 9:15-bk-10251-DS
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☒ No

☐ Yes. Debtor _____ Relationship _____
District _____ When _____
MM / DD / YYYY
Case number, if known _____

List all cases. If more than 1, attach a separate list.

Debtor Clearwater Nursey, Inc. Case number (if known) _____
Name

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____

Where is the property?

Number _____ Street _____

City _____ State _____ ZIP Code _____

Is the property insured?

- ☐ No
- ☐ Yes. Insurance agency _____
- Contact name _____
- Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input checked="" type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated assets

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Attachment
Debtor: Clearwater Nursey, Inc. Case No:

Attachment 1

Central District of California

Debtor Clearwater Nursey, Inc.
Name

Case number (if known)

16. Estimated liabilities

- | | | |
|--|---|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input checked="" type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

- ☒ The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- ☒ I have been authorized to file this petition on behalf of the debtor.
- ☒ I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 03/23/2017
MM / DD / YYYY

☒ M. Jafrودي
Signature of authorized representative of debtor

Mahmood Jafrودي
Printed name

Title Sole Board Member

18. Signature of attorney

☒ William C. Beall
Signature of attorney for debtor

Date

3/27/17
MM / DD / YYYY

William C. Beall
Printed name

Beall & Burkhardt, APC
Firm name

1114 State Street, Suite 200
Number Street

Santa Barbara
City

CA 93101
State ZIP Code

(805) 966-6774
Contact phone

Will@Beallandburkhardt
Email address

97100
Bar number

CA
State

Attachment
Debtor: Clearwater Nursey, Inc. Case No:

Attachment 1

Central District of California

Attorney or Party Name, Address, Telephone & FAX Numbers, and California State Bar Number William C. Beall Beall & Burkhardt, APC 1114 State Street, Suite 200 Santa Barbara, California 93101 Phone: (805) 966-6774 Fax: (805) 963-5988 Bar No.: 97100	FOR COURT USE ONLY
<input checked="" type="checkbox"/> Attorney for: Clearwater Nursey, Inc.	
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA	
In re: Clearwater Nursey, Inc. Debtor.	CASE NO.: CHAPTER: 7 ADV. NO.:

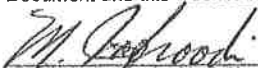
**ELECTRONIC FILING DECLARATION
(CORPORATION/PARTNERSHIP)**

- ☐ Petition, statement of affairs, schedules or lists
☐ Amendments to petition, statement of affairs, schedules or lists
☒ Other: Other Initial filing documents

Date Filed: _____
 Date Filed: _____
 Date Filed: _____

PART I - DECLARATION OF AUTHORIZED SIGNATORY OF DEBTOR OR OTHER PARTY

I, the undersigned, hereby declare under penalty of perjury that: (1) I have been authorized by the Debtor or other party on whose behalf the above-referenced document is being filed (Filing Party) to sign and to file, on behalf of the Filing Party, the above-referenced document being filed electronically (Filed Document); (2) I have read and understand the Filed Document; (3) the information provided in the Filed Document is true, correct and complete; (4) the "/s/," followed by my name, on the signature lines for the Filing Party in the Filed Document serves as my signature on behalf of the Filing Party and denotes the making of such declarations, requests, statements, verifications and certifications by me and by the Filing Party to the same extent and effect as my actual signature on such signature lines; (5) I have actually signed a true and correct hard copy of the Filed Document in such places on behalf of the Filing Party and provided the executed hard copy of the Filed Document to the Filing Party's attorney; and (6) I, on behalf of the Filing Party, have authorized the Filing Party's attorney to file the electronic version of the Filed Document and this Declaration with the United States Bankruptcy Court for the Central District of California.



Signature of Authorized Signatory of Filing Party

3/23/17
Date

Mahmood Jafroodi

Printed Name of Authorized Signatory of Filing Party

Sole Board Member

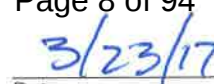
Title of Authorized Signatory of Filing Party

PART II - DECLARATION OF ATTORNEY FOR FILING PARTY

I, the undersigned Attorney for the Filing Party, hereby declare under penalty of perjury that: (1) the "/s/," followed by my name, on the signature lines for the Attorney for the Filing Party in the Filed Document serves as my signature and denotes the making of such declarations, requests, statements, verifications and certifications to the same extent and effect as my actual signature on such signature lines; (2) an authorized signatory of the Filing Party signed the Declaration of Authorized Signatory of Debtor or Other Party before I electronically submitted the Filed Document for filing with the United States Bankruptcy Court for the Central District of California; (3) I have actually signed a true and correct hard copy of the Filed Document in the locations that are indicated by "/s/," followed by my name, and have obtained the signature of the authorized signatory of the Filing Party in the locations that are indicated by "/s/," followed by the name of the Filing Party's authorized signatory, on the true and correct hard copy of the Filed Document; (4) I shall maintain the executed originals of this Declaration, the Declaration of Authorized Signatory of Debtor or Other Party, and the Filed Document for a period of five years after the closing of the case in which they are filed; and (5) I shall make the executed originals of this Declaration, the Declaration of Authorized Signatory of Debtor or Other Party, and the Filed Document available for review upon request of the Court or other parties.



Signature of Attorney for Filing Party



Date

William C. Beall

Printed Name of Attorney for Filing Party

STATEMENT OF RELATED CASES
INFORMATION REQUIRED BY LBR 1015-2
UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA

1. A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, his or her current or former domestic partner, an affiliate of the debtor, any copartnership or joint venture of which debtor is or formerly was a general or limited partner, or member, or any corporation of which the debtor is a director, officer, or person in control, as follows: (Set forth the complete number and title of each such of prior proceeding, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

Chapter 11 filed on February 11, 2015; Case No. 9:15-bk-10251-DS; Dismissed on September 10, 2015

2. (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

None

3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

None

4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)


None

I declare, under penalty of perjury, that the foregoing is true and correct.

Executed at Santa Barbara, California

Date: 3/23/17


Signature of Debtor


Signature of Joint Debtor

This form is mandatory. It has been approved for use in the United States Bankruptcy Court for the Central District of California.

**CERTIFICATE OF RESOLUTION OF
BOARD OF DIRECTORS OF**

CLEARWATER NURSERY, INC.


I certify that the following resolution was adopted by the Board of Directors of Clearwater Nursery, Inc., a California corporation, without a meeting pursuant to the California Corporations Code and the bylaws of the corporation:

RESOLVED that the corporation forthwith file a voluntary petition pursuant to Chapter 7 of the Bankruptcy Code; and

RESOLVED FURTHER that the corporation employ Beall & Burkhardt, a Professional Corporation, to represent it in said bankruptcy proceedings; and

RESOLVED FURTHER that Mahmood Jafroodi, sole board member, is hereby authorized to sign all documents of the corporation in connection with said Chapter 7 proceedings.

Dated: January 26, 2017



Mahmood Jafroodi, Sole Board Member

Fill in this information to identify the case:

Debtor name Clearwater Nursey, Inc.
United States Bankruptcy Court for the: Central District of California
Case number (If known): _____

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*

\$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*

\$ 24,640.50

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*

\$ 24,640.50

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Hold Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, at the bottom of page 1 of *Schedule D*

\$ 5,077,061.82

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 6a of *Schedule E/F*

\$ 4,665.00

3b. **Total amount of claims of non-priority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F*

+ \$ 5,826,581.65

4. **Total liabilities**

Lines 2 + 3a + 3b

\$ 10,908,308.47

Fill in this information to identify the case:

Debtor name Clearwater Nursey, Inc.
United States Bankruptcy Court for the Central District of California
Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$ 33.82

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. _____	_____	9 9 8 3	\$ 24,506.68
3.2. _____	_____	_____	\$ _____

7

4. Other cash equivalents (Identify all)

4.1. _____	\$ _____
4.2. _____	\$ _____

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 24,540.50

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
☐ Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. _____	\$ _____
7.2. _____	\$ _____

Debtor

Clearwater Nursey, Inc.
Name

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Case number (if known)

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____ \$ _____

8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ _____

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.Current value of debtor's
interest**11. Accounts receivable**11a. 90 days old or less: \$0.00 - \$0.00 = → \$0.00
face amount doubtful or uncollectible accounts11b. Over 90 days old: \$63,428.07 - \$63,428.07 = → \$0.00
face amount doubtful or uncollectible accounts**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$0.00

Part 4: Investments**13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.Valuation method
used for current valueCurrent value of debtor's
interest**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____ \$ _____

14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____

15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____

16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Debtor

Clearwater Nursey, Inc.
Name

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Case number (if known)

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
- ☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies				
See attached	05/31/2016 MM / DD / YYYY	\$ _____	_____	\$ 0.00
23. Total of Part 5				\$ 0.00
Add lines 19 through 22. Copy the total to line 84.				

24. Is any of the property listed in Part 5 perishable?

- ☒ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
- ☐ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☐ No
- ☒ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☐ No. Go to Part 7.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
_____	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
_____	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)			
See attached (includes farm supplies, chemicals, and feed)	\$ _____	_____	\$ Fair Market Value
31. Farm and fishing supplies, chemicals, and feed			
_____	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6			
_____	\$ _____	_____	\$ _____

Debtor

Clearwater Nursey, Inc.

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Name

Case Number (if known)

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$ 0.00

34. Is the debtor a member of an agricultural cooperative?

- ☒ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?
- ☐ No
- ☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
- ☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☐ No
- ☒ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
_____	\$ _____	_____	\$ _____
40. Office fixtures			
_____	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software			
See attached _____	\$ _____	_____	\$ 0.00
42. Collectibles <i>Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles</i>			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$ 0.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☐ No
- ☒ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Debtor

Clearwater Nursey, Inc.

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Name

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 See attached	\$		\$ 100.00
47.2	\$		\$
47.3	\$		\$
47.4	\$		\$
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1	\$		\$
48.2	\$		\$
49. Aircraft and accessories			
49.1	\$		\$
49.2	\$		\$
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
See attached	\$ Unknown		\$ Fair Market Value
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			\$ 100.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
- ☒ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Debtor

Clearwater Nursey, Inc.
Name

Main Document

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Case number (if known)

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
- ☐ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 _____	_____	\$ _____	_____	\$ _____
55.2 _____	_____	\$ _____	_____	\$ _____
55.3 _____	_____	\$ _____	_____	\$ _____
55.4 _____	_____	\$ _____	_____	\$ _____
55.5 _____	_____	\$ _____	_____	\$ _____
55.6 _____	_____	\$ _____	_____	\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ _____

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☐ No
- ☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 10: Intangibles and Intellectual Property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets _____	\$ _____	_____	\$ _____
61. Internet domain names and websites _____	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties _____	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations _____	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property _____	\$ _____	_____	\$ _____
65. Goodwill _____	\$ _____	_____	\$ _____

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ _____

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

Total face amount

doubtful or uncollectible amount

= →

\$

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Tax year

\$

Tax year

\$

Tax year

\$

73. Interests in insurance policies or annuities

\$

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\$

Nature of claim

Amount requested \$

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\$

Nature of claim

Amount requested \$

76. Trusts, equitable or future interests in property

\$

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\$

\$

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Debtor

Clearwater Nursey, Inc.
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Case number (if known)

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 24,540.50	
81. Deposits and prepayments. Copy line 9, Part 2.	\$ 0.00	
82. Accounts receivable. Copy line 12, Part 3.	\$ 0.00	
83. Investments. Copy line 17, Part 4.	\$ 0.00	
84. Inventory. Copy line 23, Part 5.	\$ 0.00	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$ 0.00	
86. Office furniture, fixtures, and equipment, and collectibles. Copy line 43, Part 7.	\$ 0.00	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ 100.00	
88. Real property. Copy line 56, Part 9. →		\$ 0.00
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$ 0.00	
90. All other assets. Copy line 78, Part 11.	+ \$ 0.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 24,640.50	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ 24,640.50



887 Mesa Road • P.O.Box 1170 • Nipomo, California 93444
805.929.3241 • Fax 805.929.5421

Asset Summary at 05-31-16

ITEM	Working - Yes / No?	Condition (Good, Fair or bad)
Administration Building	Yes	Fair. Some water intrusion
Greenhouses (approximately 1.5 million square feet)	Yes	Fair - Some issues with vent alignment, rusting benches, rotten wood.
Mobile Home	See below.	
Production Building	Yes	Fair - Some water intrusion, carpets destroyed, needs paint.
Sales Storage Container (behind Production Office)	Yes	Some rust issues.
Sales Trailer (behind Production Office)	Yes	Poor - Floors rotting. Mold issues. Carpet destroyed. Needs paint.
Security Cameras	Yes/no	Most do not appear to work. Cameras are being replaced in active greenhouse areas.
Warehouse and related facilities	Yes	Good condition except coolers - Cooling units in marginal condition.
Note: "Item #" is for bank reference only		
Item #1 JD Model 770 Tractor #1	Yes	Old but functional
Item #3 JD Model 770 Tractor #3	Yes	Old but functional
Item #4 JD Model 770 Tractor #4	Yes	Old but functional
Item #8 JD Model 790 Tractor #12	Yes	Old but functional
Item #13 JD Model 790 Tractor #13	Yes	Old but functional
Item #14 Taylor Dunn Cart Packing Area (broken)	No	Not operational
Item #15 Taylor Dunn Cart Production Area (broken)	no	Not operational
Item #16 Taylor Dunn Cart Year 2001 (broken)	no	Not operational
Item #17 Taylor Dunn Cart Company Number 1	Yes	Old but functional
Item #18 Taylor Dunn Cart Company Number 3	Yes	Old but functional
Item #19 Taylor Dunn Cart Company Number 6	No	Not operational
Item #21 Toyota Electric Forklift	Yes	Old but functional

Item #23 Toyota Forklift	Yes	Old but functional
Item #24 Toyota Forklift	No	Not operational
Item #27 Caterpillar Backup Generators	No	One has bad circuit board. Other needs battery.
Item #28 Bluff Yard Ramp	Yes	Good
Item #29 Rite High Pressure Steam Boiler	???	Has been disassembled for years.
Item #30 Rite Boilers R1 Water Boilers	Yes	Old but functional
Item #31 Rite Boilers R4/5	Yes	Old but functional
Item #32 Rite Boilers R3/4	Yes	Old but functional
Item #33 Range 2 Milura Boilers	No	Dead
Item #36 John Deere Gator	Yes	Good
Item #37 Ford Skip Loader	No	Needs battery - There may be other issues.
Item #38 Tilt Hoppers (6) Onsite	Yes	Poor condition - Lot of rust.
Item #39 Lincoln TIG Welder	Yes	Good
Item #40 Komatsu Tractor and Welder (not running)	Yes / No	Welder works well. / Tractor is dead
Item #42 60-gallon air compressor	Yes	Old but functional
Item #43 TIG Welder	Yes	Old but functional
Item #44 Well Pump and Motor	Yes	Old but functional
Item #45 Javo Pot Filler	Yes and no	Runs but pot dispenser broken
Item #46 HE Anderson Fertilizer Injectors	Yes and no.	Ranges #1, #2 and #8 work. Ranges #14 and #15 are dead.
Item #47 Soil Mixers	Yes	Poor condition - Lot of rust damage.
Item #48 Bale Buster	No	Motor burned out
Item #49 Javo Bulb Planting Machine	No	Needs parts
Item #50 Nitrate System	Yes	OK
Item #53 Dremm Dual Tank Biological Pulsefog	No	Broken - Maintenance has been unable to fix the machine.
Item #56 Packing Lines	???	Gone
Item #57 Floor Sweeper	No	Broken
Item #58 Over the Bench Carts	Yes	Fair - Some repairs required.
Item #59 Leanflow Carts and Shelves	Yes	Fair - Some repairs required.
Item #61 Cooler Racks (70)	Yes / no	Most remaining racks need repair. Good ones sold.
Item #62 Single Trailers (14) left onsite		26 left. In fair condition.
Item #63 Double Layer Trailers (26)		
Item #64 Triple Layer Trailers (30)	NO	None left.
Item #65 50-gallon Spray Rig	Yes	poor condition - Very old / requiring frequent repair.
Item #66 Two Office Trailers (Maintenance & Post Harvest Office)	Yes	Maintenance in very poor condition - Holes and water intrusion. Post-harvest trailer - Already listed above as "sales trailer" - See above.

Item #68 1995 International 4700 (Non-Op)	No	Non-operational	
Item #70 1995 Ford Water Truck	No	??? Battery dead. There appear to be other issues.	
Item #75 EZ Go Golf Cart	Yes	Operational	
Item #79 Phone System Iwatsu (26 Handsets)	???	???	
Item #80 Server Room Desk, Shelves, Cabinets, File Cabinets, Shredder	Yes	Good	
Item #81 Office Furniture and Workstations (itemize inventory ?)	Yes	Good	
Item #82 Organic Spray Tank	Yes	Good	
Item #83 Tuscan Pot Mold	???	We do not know where this is.	
Item #84 Garden Trio Container Mold	???	We do not know where this is.	
Mobile Home (included in Item #66 ?)	Redundant	See above	
Production Building (part of Admin ?)	Redundant	See above	
R 2/3 Miura Boiler	No	Non operational	
R1 Beil & Gossett Circulating Pumps	Yes	Old but functional	
R14/16 Raypack Boilers (3)	Yes and no	Two are old but functional. Two are no longer useful.	
Range 8 Mini Sprinklers	Yes	Good	
Sales Storage Container (behind Production Office)	Redundant	See above	
Sales Trailer (behind Production Office)	Redundant	See above	
Security Cameras	Redundant	See above	

Fill in this information to identify the case:

Debtor name Clearwater Nursey, Inc.
United States Bankruptcy Court for the: Central District of California
Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
--	--

<p>2.1 Creditor's name <u>Farm Credit West, ACA</u></p> <p>Creditor's mailing address <u>1178 Tama Lane</u> <u>Santa Maria, CA 93455</u></p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred <u>2009</u></p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority. _____ _____</p>	<p>Describe debtor's property that is subject to a lien <u>UCC filing of all tangible and non-tangible assets</u></p> <p>Describe the lien <u>Possessory, Nonpurchase-Money Security Interest</u></p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p><u>\$ 5,077,061.82</u></p>	<p><u>\$ 24,640.50</u></p>
<p>2.2 Creditor's name _____</p> <p>Creditor's mailing address _____ _____</p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p>Describe debtor's property that is subject to a lien _____ \$ _____ \$ _____</p> <p>Describe the lien _____</p> <p>Is the creditor an insider or related party? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>		
<p>3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.</p>		<p><u>\$ 5,077,061.82</u></p>	

Debtor

Clearwater Nursey, Inc.
Name

Case number (if known)

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Downey Brand, LLP Attn: Andrew Collier, 621 Capital Mall, 18th Floor Sacramento, CA 95814	Line 2. <u>1</u>	<u> </u> <u> </u> <u> </u> <u> </u>
	Line 2. <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>
	Line 2. <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>
	Line 2. <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>
	Line 2. <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>
	Line 2. <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>
	Line 2. <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>
	Line 2. <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>
	Line 2. <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>
	Line 2. <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>
	Line 2. <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>
	Line 2. <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>
	Line 2. <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>
	Line 2. <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>
	Line 2. <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>
	Line 2. <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>
	Line 2. <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>
	Line 2. <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>
	Line 2. <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>
	Line 2. <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>

Debtor Clearwater Nursey, Inc.
United States Bankruptcy Court for the: Central District of California
Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address <u>Franchise Tax Board</u> <u>P. O. Box 942867</u> <u>Sacramento, California 94267</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>8</u>)	As of the petition filing date, the claim is: <u>\$2,256.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Taxes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,256.00</u>

2.2 Priority creditor's name and mailing address <u>Internal Revenue Service</u> <u>P.O. Box 7346</u> <u>Philadelphia, Pennsylvania 19101-7346</u> Date or dates debt was incurred <u>2016</u> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>8</u>)	As of the petition filing date, the claim is: <u>\$2,409.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Taxes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,409.00</u>
--	---	-------------------

2.3 Priority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
--	---	----------

Debtor

Clearwater Nursey, Inc.

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Case number (if known)

Name

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 4 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 Nonpriority creditor's name and mailing address 4 Elements, Inc. 6665 Cote De Liesse Montreal, Quebec, Canada H4T 1Z5 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 51,500.00
3.2 Nonpriority creditor's name and mailing address Abalone Coast Analytical, Inc. 141 Suburban Road, Ste C-1 San Luis Obispo, CA 93401 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 60.00
3.3 Nonpriority creditor's name and mailing address Advanced Emission Control Solutions, LP PO Box 12907 Fresno, California 93779 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 7,592.43
3.4 Nonpriority creditor's name and mailing address Agdia Inc. 52642 County Road 1 Elkhart, IN 46514 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 374.00
3.5 Nonpriority creditor's name and mailing address AGRx 751 South Rose Avenue Oxnard, CA 93030 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 64,675.21
3.6 Nonpriority creditor's name and mailing address American Express P.O. Box 981540 El Paso, 79998 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 40,000.00

Debtor

Clearwater Nursey, Inc.

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Case number (if known)

Name

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7	Nonpriority creditor's name and mailing address <u>American Horticultural Supply, Inc</u> <u>2901 Sturgis Rd.</u> <u>Oxnard, CA 93030</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Trade Debt</u>	\$ 205,930.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
3.8	Nonpriority creditor's name and mailing address <u>American Industrial Supply</u> <u>543C W. Betteravia Road</u> <u>Santa Maria , CA 93455</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u>	\$ 2,810.15
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.9	Nonpriority creditor's name and mailing address <u>Amtrust North America, Inc.</u> <u>800 Superior Avenue E</u> <u>Cleveland, OH 44114</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u>	\$ 4,426.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.10	Nonpriority creditor's name and mailing address <u>Andre, Morris & Buttery</u> <u>1102 Laurel Lane</u> <u>P.O. Box 730</u> <u>San Luis Obispo , CA 93406</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u>	\$ 22,794.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.11	Nonpriority creditor's name and mailing address <u>API Waste Services</u> <u>PO Box 5754</u> <u>Santa Maria , CA 93455</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u>	\$ 1,516.45
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.12	Nonpriority creditor's name and mailing address <u>Aris Horticulture, Inc.</u> <u>P.O. Box 76096</u> <u>Cleveland, OH 44101-4755</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 73,671.85
3.13	Nonpriority creditor's name and mailing address <u>ASA Flower Bulbs</u> <u>Hameyasdim1st</u> <u>Moshav Bitzaron , Isreal 60946</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 87,796.96
3.14	Nonpriority creditor's name and mailing address <u>Ball Seed Co.</u> <u>622 Town Road</u> <u>West Chicago, IL 60185</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 213,470.50
3.15	Nonpriority creditor's name and mailing address <u>Bank of America</u> <u>P.O. Box 982235</u> <u>El Paso, Texas 79998</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 35,037.31
3.16	Nonpriority creditor's name and mailing address <u>Barajas Transport</u> <u>1024 S. Western Avenue</u> <u>Santa Maria, CA 93458</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 900.00

Part 2: Additional Page

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Amount of claim

3.17	Nonpriority creditor's name and mailing address Berger Horticultural Products, LTD P.O. Box 656 Sulpher springs , TX 75483 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 39,321.64
3.18	Nonpriority creditor's name and mailing address Biobest 2020 Fox Run Road Leamington, ON , Canada N8H 3V7 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 11,915.80
3.19	Nonpriority creditor's name and mailing address Brian Wick dba Brian Boiler Works Co P.O. Box 3223 San Luis Obispo , CA 93405 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,500.00
3.20	Nonpriority creditor's name and mailing address Cal-Coast Irrigation 1480 W. Stowell Road Santa Maria , CA 93458 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 195.24
3.21	Nonpriority creditor's name and mailing address California Chamber of Commerce P.O. Box 526020 Sacramento , CA 95852-6020 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 231.50

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Amount of claim

3.22	Nonpriority creditor's name and mailing address <u>California Electric Supply</u> <u>PO Box 14196</u> <u>Orange</u> , CA 92863 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>437.00</u>
3.23	Nonpriority creditor's name and mailing address <u>California Floral Transport</u> <u>PO Box 990</u> <u>Mabelvale</u> , AR 72103 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>11,865.00</u>
3.24	Nonpriority creditor's name and mailing address <u>Carolyn Ramirez, et al</u> <u>c/o Allen Hutkin 1229 Higuera Street, First Floor</u> <u>San Luis Obispo, CA 93401</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>class action wage claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>Unknown</u>
3.25	Nonpriority creditor's name and mailing address <u>Central Coast Pallets</u> <u>P.O. Box 1409</u> <u>Santa Maria</u> , CA 93458 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>3,003.00</u>
3.26	Nonpriority creditor's name and mailing address <u>Central Plastics & Manufacturing, LLC</u> <u>1905 North MacArthur Drive Suite 100</u> <u>Tracy</u> , CA 95376 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>22,333.90</u>

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Amount of claim

3.27	Nonpriority creditor's name and mailing address <u>CJ Ruigrok & Sons</u> <u>Zilkerbinnenweg 58</u> <u>2191 AD De Silk , The Netherlands</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Trade Debt</u>	\$ 66,849.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.28	Nonpriority creditor's name and mailing address <u>Coastal Nursery</u> <u>117 Rancho Road</u> <u>Watsonville, CA 95076</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u>	\$ 0.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.29	Nonpriority creditor's name and mailing address <u>Corporate Recovery Associates, LLC</u> <u>3830 Valley Center Drive, Suite 705-152, San Diego, CA 92130</u> <u>San Diego, CA 92130</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u>	\$ 13,387.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.30	Nonpriority creditor's name and mailing address <u>Custom Labor Services, Inc.</u> <u>125 W. Mill Street</u> <u>Santa Maria ,</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u>	\$ 429,743.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.31	Nonpriority creditor's name and mailing address <u>DecoWraps</u> <u>8900 NW 33rd St., Suite 100</u> <u>Doral , FL 33172</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u>	\$ 77,461.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

Clearwater Nursey, Inc.

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Name

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.32 Nonpriority creditor's name and mailing address

Driscoll Strawberry Associates, Inc.

Payment Processing Center

PO Box 201261

Dallas, TX 75320

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed☐ Liquidated and neither contingent nor disputed

\$ 21,741.00

Basis for the claim: Trade Debt

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☒ No☐ Yes

3.33 Nonpriority creditor's name and mailing address

Easy Fuel, Inc.

1346 East Taylor Street

San Jose, CA 95133

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$ 9,844.00

Basis for the claim: Trade Debt

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☒ No☐ Yes

3.34 Nonpriority creditor's name and mailing address

Enrique Zuniga, Jr dba EZ Transportation

4841 Refsing Place

Oxnard, CA 93033

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$ 6,776.40

Basis for the claim: Trade Debt

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☒ No☐ Yes

3.35 Nonpriority creditor's name and mailing address

EZ Shipper Racks Inc.

P. O. Box 31001-1221

Pasadena, CA 91110-1221

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$ 4,453.00

Basis for the claim: Trade Debt

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☒ No☐ Yes

3.36 Nonpriority creditor's name and mailing address

Fence Factory of Santa Maria

2709 Santa Maria Way

Santa Maria, CA 93455-1796

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$ 640.00

Basis for the claim: Trade Debt

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☒ No☐ Yes

Debtor

Clearwater Nurse, Inc.

Main Document

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Name

Case number (if known)

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.37 Nonpriority creditor's name and mailing address

FHI, LLC

P.O. Box 890949

Charlotte, NC 28289-0949

As of the petition filing date, the claim is:

\$ 1,440.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

Basis for the claim: Trade Debt

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.38 Nonpriority creditor's name and mailing address

Fides

PO Box 26

De Lier, Nederland, The Netherlands 2678 ZG

As of the petition filing date, the claim is:

\$ 5,653.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Trade Debt

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.39 Nonpriority creditor's name and mailing address

Flamingo Holland, Inc.

1250 Avenida Chelsea

Vista, CA 92081

As of the petition filing date, the claim is:

\$ 22,375.90

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Trade Debt

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.40 Nonpriority creditor's name and mailing address

Florida Beauty Flora, Inc.

P.O. Box 528042

Miami, FL 33152-8042

As of the petition filing date, the claim is:

\$ 6,556.03

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Trade Debt

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.41 Nonpriority creditor's name and mailing address

ForemostCo

P. O. Box 162068

Miami, FL 33116-2068

As of the petition filing date, the claim is:

\$ 4,845.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Trade Debt

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.42	Nonpriority creditor's name and mailing address <u>Fox Rothschild, LLP</u> <u>1800 Century Park East, Suite 300</u> <u>Los Angeles, CA 90067-1506</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>427,001.00</u>
3.43	Nonpriority creditor's name and mailing address <u>Garden Marketing Group, LLC</u> <u>9239 Premier Row</u> <u>Dallas, TX 75247</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>7,500.00</u>
3.44	Nonpriority creditor's name and mailing address <u>Gibbs International, Inc.</u> <u>P.O. Box 748062</u> <u>Los Angeles, 90074-8062</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>218.00</u>
3.45	Nonpriority creditor's name and mailing address <u>Ginegar Plastics, Inc.</u> <u>P.O. Box 837</u> <u>Chester, SC 29706</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>37,239.05</u>
3.46	Nonpriority creditor's name and mailing address <u>Glenn Burdette</u> <u>1150 Palm Street</u> <u>San Luis Obispo, CA 93401</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>6,700.00</u>

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Amount of claim

3.47	Nonpriority creditor's name and mailing address <u>Gloeckner and Co., Inc.</u> <u>600 Mamaroneck Avenue</u> <u>Harrison, NY 10528</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$ 86,148.00</u>
3.48	Nonpriority creditor's name and mailing address <u>Greenex United States Inc.</u> <u>5485 Wiles Road #406</u> <u>Coconut Creek, FL 33073</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$ 2,295.00</u>
3.49	Nonpriority creditor's name and mailing address <u>Griffin Greenhouse Supplies, Inc.</u> <u>PO Box 842937</u> <u>Boston, MA 02284-2937</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$ 47,785.00</u>
3.50	Nonpriority creditor's name and mailing address <u>Grower Logistical Services</u> <u>P.O. Box 580</u> <u>Watsonville, CA 95077</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$ 7,121.00</u>
3.51	Nonpriority creditor's name and mailing address <u>Guadalupe Hardware Company, Inc.</u> <u>P.O. Box 337</u> <u>Guadalupe, 93434</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$ 694.00</u>

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Amount of claim

3.52	Nonpriority creditor's name and mailing address Harbor Freight Tools P. O. Box 748076 Los Angeles, CA 90074-8076 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 63.00
3.53	Nonpriority creditor's name and mailing address Headstart Nursery, Inc 4860 Monterey Road Gilroy, CA 95020 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 18,750.00
3.54	Nonpriority creditor's name and mailing address Helena Chemical Company P. O. Box 742558 Los Angeles, CA 90074-2558 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 76,711.00
3.55	Nonpriority creditor's name and mailing address High Rise Balloons & Floral Supplies 9101 Wall St., Suite 1080 Austin, TX 78754 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 437.00
3.56	Nonpriority creditor's name and mailing address Highland Supply Corporation 1111 Sixth Street Highland, IL 62249 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 34,028.00

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Amount of claim

3.57	Nonpriority creditor's name and mailing address Home Depot P.O. Box 182676 Columbus, Ohio 43218-2676 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 3,867.00
3.58	Nonpriority creditor's name and mailing address Horace Anderson Greenhouses 375 La Costa Avenue Encinitas, CA 92024 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 4,750.00
3.59	Nonpriority creditor's name and mailing address Industrial Radiator Service, Inc. PO Box 2160 Nipomo, CA 93444 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 105.00
3.60	Nonpriority creditor's name and mailing address International Freight Services, Inc. 1610 Rollins Road Burlingame, CA 94010 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 450.00
3.61	Nonpriority creditor's name and mailing address Jafroodi Properties, LP 2901 Sturgis Road Oxnard, CA 93030 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,208,903.25

Debtor

Clearwater Nursey, Inc.
Name

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Case number (if known)

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Amount of claim

3.62 Nonpriority creditor's name and mailing address

Jafroodi, Mahmood

2901 Sturgis Road

Oxnard, CA 93030

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed☐ Liquidated and neither contingent nor disputed

Basis for the claim: Trade Debt

Is the claim subject to offset?

☒ No☐ Yes

\$ 24,336.00

3.63 Nonpriority creditor's name and mailing address

James K. Gribaudo, db Gribaudo Farms

P. O. Box 2720

Lodi, CA 95241

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim: Trade Debt

Is the claim subject to offset?

☒ No☐ Yes

\$ 5,746.00

3.64 Nonpriority creditor's name and mailing address

Joan Perry dba Reefer Trailer Rents

P. O. Box 2779

Orcutt, CA 93457

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim: Trade Debt

Is the claim subject to offset?

☒ No☐ Yes

\$ 4,600.00

3.65 Nonpriority creditor's name and mailing address

Jorge Alvaro Barajas Rodriguez DBA Barajas Brothers

1900 South Lincoln Street

Santa Maria, CA 93454

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim: Trade Debt

Is the claim subject to offset?

☒ No☐ Yes

\$ 3,750.00

3.66 Nonpriority creditor's name and mailing address

Jose Luis Franco Db - J Franco Trucking

604 West Vista Circle

Santa Maria, CA 93458

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim: Trade Debt

Is the claim subject to offset?

☒ No☐ Yes

\$ 4,350.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.67	Nonpriority creditor's name and mailing address <u>Kaman Industrial Technologies</u> <u>P.O. Box 25356</u> <u>Los Angeles, CA 90074-5356</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$ 307.00</u>
3.68	Nonpriority creditor's name and mailing address <u>Kisco Sales</u> <u>301 Sumner Street</u> <u>Bakersfield, CA 93305-5141</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$ 1,129.00</u>
3.69	Nonpriority creditor's name and mailing address <u>Koen Pack USA</u> <u>C/O First Capital</u> <u>PO Box 643382</u> <u>Cincinnati, OH 45264-3382</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$ 33,588.00</u>
3.70	Nonpriority creditor's name and mailing address <u>Lift Truck Repair Service</u> <u>558 E. Santa Cruz Ct.</u> <u>Santa Maria, CA 93455</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$ 2,010.00</u>
3.71	Nonpriority creditor's name and mailing address <u>LLT Bar Code & Label, Inc.</u> <u>P.O. Box 945837</u> <u>Atlanta, GA 30394-5837</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$ 100.00</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.72 Nonpriority creditor's name and mailing address
Madland Toyota-Lift, Inc.
4485 Buck Owens Blvd.
Bakersfield, CA 93308
 Date or dates debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: \$ 132.00
 Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed
 Basis for the claim: Trade Debt
 Is the claim subject to offset?
☒ No
☐ Yes

3.73 Nonpriority creditor's name and mailing address
MasterTag
P.O. Box 67
Montague, MI 49437
 Date or dates debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: \$ 19,406.00
 Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: Trade Debt
 Is the claim subject to offset?
☒ No
☐ Yes

3.74 Nonpriority creditor's name and mailing address
Miner's Ace Hardware
1056 West Grand Ave
Grover Beach, CA 93433
 Date or dates debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: \$ 95.00
 Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: Trade Debt
 Is the claim subject to offset?
☒ No
☐ Yes

3.75 Nonpriority creditor's name and mailing address
MMC Emergency Phys Med Group
PO Box 94913
Oklahoma City, OK 73143
 Date or dates debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: \$ 540.00
 Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: Trade Debt
 Is the claim subject to offset?
☒ No
☐ Yes

3.76 Nonpriority creditor's name and mailing address
Moises Novoa DBA M. Novoa Trucking
2211 Pullman Avenue
Santa Maria, CA 93458
 Date or dates debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: \$ 2,200.00
 Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: Trade Debt
 Is the claim subject to offset?
☒ No
☐ Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.77

Nonpriority creditor's name and mailing address

Mountain Valley Express Co., Inc.

P.O. Box 2569

Manteca, CA 95336

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed☐ Liquidated and neither contingent nor disputed

Basis for the claim: Trade Debt

Is the claim subject to offset?

☒ No☐ Yes

\$ 781.00

3.78

Nonpriority creditor's name and mailing address

Oak Harbor Freight Lines, Inc.

P.O. Box 1469

Auburn, WA 98071-1469

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim: Trade Debt

Is the claim subject to offset?

☒ No☐ Yes

\$ 1,560.00

3.79

Nonpriority creditor's name and mailing address

Oceano Ice Company

P.O. Box 338

Oceano, CA 93475

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim: Trade Debt

Is the claim subject to offset?

☒ No☐ Yes

\$ 3,747.00

3.80

Nonpriority creditor's name and mailing address

Office Depot Credit Plan

P.O. Box 689020

Des Moines, IA 50368

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim: Trade Debt

Is the claim subject to offset?

☒ No☐ Yes

\$ 1,104.18

3.81

Nonpriority creditor's name and mailing address

Onsite Computers & Design, Inc.

PO Box 8632

Santa Maria, CA 93456

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim: Trade Debt

Is the claim subject to offset?

☒ No☐ Yes

\$ 770.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.82	Nonpriority creditor's name and mailing address <u>Pacific Gas and Electric Company</u> <u>Box 997300</u> <u>Sacramento, California 95899-7300</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>12,130.00</u>
3.83	Nonpriority creditor's name and mailing address <u>Pacific Union Transportation</u> <u>837 West Las Flores Way</u> <u>Santa Maria, CA 93458</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>6,550.00</u>
3.84	Nonpriority creditor's name and mailing address <u>Pacifica Personnel, Inc.</u> <u>PO Box 725</u> <u>Santa Maria, CA 93456</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>16,421.00</u>
3.85	Nonpriority creditor's name and mailing address <u>Packaging Credit Company, LLC</u> <u>PO Box 51584</u> <u>Los Angeles, CA 90051-5884</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>9,379.00</u>
3.86	Nonpriority creditor's name and mailing address <u>Pape Kenworth</u> <u>PO Box 1650</u> <u>Eugene, OR 97440</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>2,313.00</u>

Debtor

Clearwater Nursey, Inc.

Main Document

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Case number (if known)

Name

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.87 Nonpriority creditor's name and mailing address
Parks Company
2511 Grant Ave
San Leandro, CA 94579
 Date or dates debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: \$ 13,279.00
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed
 Basis for the claim: Trade Debt
 Is the claim subject to offset?
☒ No
☐ Yes

3.88 Nonpriority creditor's name and mailing address
Penning Freesia B.V.
Postbus 9
Honselersdijk, Holland 2675 ZG
 Date or dates debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: \$ 32,718.00
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: Trade Debt
 Is the claim subject to offset?
☒ No
☐ Yes

3.89 Nonpriority creditor's name and mailing address
Perry's Electric Motors and Controls Inc
414 S Western Avenue
Santa Maria, CA 93456
 Date or dates debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: \$ 1,831.00
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: Trade Debt
 Is the claim subject to offset?
☒ No
☐ Yes

3.90 Nonpriority creditor's name and mailing address
Peterson Taft Investments, LLC
2520 W. Nob Hill Blvd.
Yakima, WA 98902
 Date or dates debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: \$ 2,305.00
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: Trade Debt
 Is the claim subject to offset?
☒ No
☐ Yes

3.91 Nonpriority creditor's name and mailing address
Pindstrup Mosebrug A/S
See Attachment 1
Itasca, IL 60143
 Date or dates debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: \$ 49,644.20
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: Trade Debt
 Is the claim subject to offset?
☒ No
☐ Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.92	Nonpriority creditor's name and mailing address Powerstride Battery Co., Inc. 2330 Westgate Rd, #1 Santa Maria, CA 93455 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 65.00
3.93	Nonpriority creditor's name and mailing address Praxair Distribution, Inc. Dept LA 21511 Pasadena, CA 91185 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 71.00
3.94	Nonpriority creditor's name and mailing address Quality Packaging & Supplies, Inc. 2400 Statham Blvd. Oxnard, CA 93033 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 73,676.00
3.95	Nonpriority creditor's name and mailing address R.S. Fire Protection P.O. Box 334 Atascadero, CA 93423 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,471.20
3.96	Nonpriority creditor's name and mailing address Rabobank Cardmember Service P. O. Box 790408 St. Louis, MO 63179 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 25,797.00

Debtor

Clearwater Nurse, Inc.

Main Document

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Case number (if known)

Name

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.97	Nonpriority creditor's name and mailing address <u>Ray's Auto Parts</u> <u>225 "A" West Betteravia Road</u> <u>Santa Maria, CA 93455</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 21.00
3.98	Nonpriority creditor's name and mailing address <u>Ric's Tire Service</u> <u>P.O. Box 5044</u> <u>Santa Maria, CA 93456-5044</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 521.00
3.99	Nonpriority creditor's name and mailing address <u>Robert Mann Packaging, Inc.</u> <u>Department 39000</u> <u>PO Box 39000</u> <u>San Francisco, CA 94139</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 82,482.00
3.100	Nonpriority creditor's name and mailing address <u>Robertson Supply, Inc.</u> <u>P.O. Box 1140</u> <u>Pismo Beach, CA 93448</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 4,813.00
3.101	Nonpriority creditor's name and mailing address <u>Royalty Administration International</u> <u>10175 Six Mile Cypress Parkway Suite 3</u> <u>Fort Myers, FL 33966-6993</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 66,610.50

Part 2: Additional Page

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Amount of claim

3.102 Nonpriority creditor's name and mailing address

San Luis Obispo County Assessor

055 Monterey Street, D360

San Luis Obispo, CA 93408

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

\$ 13,345.00

Basis for the claim: Trade debt

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.103 Nonpriority creditor's name and mailing address

San Luis Obispo County Tax Collector

1055 Monterey Street, Room D-290

San Luis Obispo, CA 93408

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 13,345.00

Basis for the claim: Trade Debt

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.104 Nonpriority creditor's name and mailing address

SAUVE-GUITTET

BP 40071

See Attachment 2

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,363.00

Basis for the claim: Trade Debt

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.105 Nonpriority creditor's name and mailing address

Seaside Packaging

1450 E. Wooly Rd

Oxnard, CA 93030

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 44,508.00

Basis for the claim: Trade Debt

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.106 Nonpriority creditor's name and mailing address

Sheppard West, Inc.

Redfeather Ridge 27850 Lady Slipper Loop

Eugene, OR 97405

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 248,274.00

Basis for the claim: Trade Debt

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.107	Nonpriority creditor's name and mailing address Southern California Edison P.O. Box 800 Rosemead, California 91770 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 114,509.00
3.108	Nonpriority creditor's name and mailing address Sprint PO Box 4181 Carol Stream, IL 60197 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 742.00
3.109	Nonpriority creditor's name and mailing address Sun Gro Horticulture 36212 Treasury Center Chicago, IL 60694-6200 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 98,091.00
3.110	Nonpriority creditor's name and mailing address Sunlet Nursery, Inc. 3636 Luneta Lane Fallbrook, CA 92028 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 43.00
3.111	Nonpriority creditor's name and mailing address Target Specialty Products P. O. Box 3408 Santa Fe Springs, CA 90670 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 3,248.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.112 Nonpriority creditor's name and mailing address

Temkin International, Inc.

213 South Temkin Way

Payson, UT 84651

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed☐ Liquidated and neither contingent nor disputed

\$ 8,920.00

Basis for the claim: Trade Debt

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☒ No☐ Yes**3.113 Nonpriority creditor's name and mailing address**

The Arbory Ltd

4079 Thirteenth Street

Jordan Station, Ontario, Canada L0R 1S0

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$ 118,840.00

Basis for the claim: Trade Debt

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☒ No☐ Yes**3.114 Nonpriority creditor's name and mailing address**

Total Quality Logistics, Inc.

PO Box 634558

Cincinnati, OH 45263

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$ 5,100.00

Basis for the claim: Trade Debt

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☒ No☐ Yes**3.115 Nonpriority creditor's name and mailing address**

Triflor Export BV

Tulpenkade 1 1733 1734 JP Oude Niedorp

Oude Niedorp, 1734 JP

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$ 40,741.00

Basis for the claim: Trade Debt

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☒ No☐ Yes**3.116 Nonpriority creditor's name and mailing address**

Twin Oaks Growers, Inc.

1969 Marilyn Lane

San Marcos, CA 92069

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$ 4,223.00

Basis for the claim: Trade Debt

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☒ No☐ Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.117	Nonpriority creditor's name and mailing address <u>Vaughan's Horticulture LLC</u> <u>PO Box 92170</u> <u>Elk Grove Village, IL 60009</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>351.00</u>
3.118	Nonpriority creditor's name and mailing address <u>Victoria Nursery, Inc.</u> <u>1085 No. Victoria Avenue</u> <u>Oxnard, CA 93031</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>19,800.00</u>
3.119	Nonpriority creditor's name and mailing address <u>Westerbeek Bulb Company Inc.</u> <u>PO Box 9577</u> <u>Terra Haute, IN 47808</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>22,735.00</u>
3.120	Nonpriority creditor's name and mailing address <u>Western Propane Service</u> <u>2326 Meredith Lane</u> <u>Santa Maria, CA 93455</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>266.00</u>
3.121	Nonpriority creditor's name and mailing address <u>Zabo Plant Inc.</u> <u>C/o The LaSource Group</u> <u>PO Box 422</u> <u>Northeast, PA 16428</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>9,901.00</u>

Debtor

Clearwater Nursey, Inc.

Main Document

Page 50 of 94

Page number (if known)

Name

Part 3:**List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. Jaffe & Asher, LLP 600 Third Avenue New York, NY 10016	Line <u>3.6</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.2. R. Erandi Zamora 2210 K Street, Suite 201 Sacramento, CA 95816	Line <u>3.24</u> <input type="checkbox"/> Not listed. Explain _____	_____
4.3. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.5. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.6. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.7. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.8. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.9. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.10. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.11. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.12. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____

Debtor

Name

Case Number (if known)

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a.

\$4,665.00

5b. Total claims from Part 2

5b.

+

\$5,826,581.65

5c. Total of Parts 1 and 2

5c.

\$5,831,246.65

Lines 5a + 5b = 5c.

Attachment
Debtor: Clearwater Nursey, Inc. Case No:

Attachment 1

C/o Atradius Collections, Inc. 1200 Arlington Hts Rd. Suite 410

Attachment 2

72302 SABLE CEDEX , COURTILLERS France

Fill in this information to identify the case:

Debtor name Clearwater Nursey, Inc.

United States Bankruptcy Court for the: Central District of California

Case number (If known): _____ Chapter 7

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.2

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.3

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.4

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.5

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Fill in this information to identify the case:

Debtor name Clearwater Nursey, Inc.

United States Bankruptcy Court for the: Central District of California

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 <u>1980 Jafroodi Family Trust</u>	<u>2901 Sturgis Road</u> Street <u>Oxnard</u> <u>California</u> <u>93030</u> City State ZIP Code	<u>Farm Credit West, ACA</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 <u>906 Eucalyptus Nursey, LLC</u>	<u>2901 Sturgis Road</u> Street <u>Oxnard</u> <u>CA</u> <u>93030</u> City State ZIP Code	<u>Farm Credit West, ACA</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 <u>American Horticultural Supply, Inc.</u>	<u>2901 Sturgis Road</u> Street <u>Oxnard</u> <u>CA</u> <u>93030</u> City State ZIP Code	<u>Farm Credit West, ACA</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 <u>Azar Jafroodi</u>	<u>2901 Sturgis Road</u> Street <u>Oxnard</u> <u>CA</u> <u>93030</u> City State ZIP Code	<u>Farm Credit West, ACA</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 <u>Mahmood Jafroodi</u>	<u>2901 Sturgis Road</u> Street <u>Oxnard</u> <u>CA</u> <u>93030</u> City State ZIP Code	<u>Farm Credit West, ACA</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6 <u>Custom Labor Services, Inc.</u>	<u>c/o Vincent Martinez, 215 N. Lincoln St.</u> Street <u>Santa Maria</u> <u>CA</u> <u>93458</u> City State ZIP Code	<u>Carolyn Ramirez, et al</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

UNITED STATES BANKRUPTCY COURT
Central District of California

In re: **Clearwater Nursey, Inc.**

Case No. _____

Chapter **7**

BUSINESS INCOME AND EXPENSES

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business

operation.)

PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:

1. Gross Income For 12 Months Prior to Filing:

\$ **0.00**

PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

2. Gross Monthly Income:

\$ **0.00**

PART C - ESTIMATED FUTURE MONTHLY EXPENSES:

3. Net Employee Payroll (Other Than Debtor)

\$

4. Payroll Taxes

N/A

5. Unemployment Taxes

6. Worker's Compensation

7. Other Taxes

8. Inventory Purchases (Including raw materials)

9. Purchase of Feed/Fertilizer/Seed/Spray

10. Rent (Other than debtor's principal residence)

11. Utilities

12. Office Expenses and Supplies

13. Repairs and Maintenance

14. Vehicle Expenses

15. Travel and Entertainment

16. Equipment Rental and Leases

17. Legal/Accounting/Other Professional Fees

18. Insurance

19. Employee Benefits (e.g., pension, medical, etc.)

20. Payments to Be Made Directly By Debtor to Secured Creditors For
Pre-Petition Business Debts (Specify):

21. Other (Specify):

\$ **0.00**

22. Total Monthly Expenses (Add items 3 - 21)

PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:

\$ **0.00**

23. AVERAGE NET MONTHLY INCOME (Subtract Item 22 from Item 2)

Fill in this information to identify the case and this filing:

Debtor Name Clearwater Nursey, Inc.
United States Bankruptcy Court for the: Central District Of California
Case number (if known): _____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date, Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206—Summary)
- ☐ *Amended Schedule* _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☒ Other document that requires a declaration Statement of Financial Affairs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 03/23/2017
MM / DD / YYYY

x

Mahmood Jafroodi
Signature of individual signing on behalf of debtor

Mahmood Jafroodi
Printed name

Sole Board Member
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Clearwater Nursey, Inc.
United States Bankruptcy Court for the: Central District of California
Case number (if known): _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year			Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u>01/01/2017</u> MM / DD / YYYY	to Filing date	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>0.00</u>
For prior year:	From <u>01/01/2015</u> MM / DD / YYYY	to <u>12/31/2015</u> MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>709,591.00</u>
For the year before that:	From <u>01/01/2016</u> MM / DD / YYYY	to <u>12/31/2016</u> MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>8,752,653.00</u>

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

			Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From _____ MM / DD / YYYY	to Filing date	_____	\$ _____
For prior year:	From _____ MM / DD / YYYY	to _____ MM / DD / YYYY	_____	\$ _____
For the year before that:	From _____ MM / DD / YYYY	to _____ MM / DD / YYYY	_____	\$ _____

Debtor

Clearwater Nursey, Inc.
Name

Case number (if known)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Creditor's name Street City State ZIP Code		\$	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.2. Creditor's name Street City State ZIP Code		\$	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Mahmood Jafroodi Insider's name Street City State ZIP Code Relationship to debtor Officer	05/13/16 05/06/16	\$ 44,300.05	Salary and medical expense reimbursement
4.2. John E. Djafrودي Insider's name Street City State ZIP Code Relationship to debtor Officer	03/01/17	\$ 4,000.00	Bonus for wind up employment services

See Attachment 1

Debtor Clearwater Nursey, Inc. Case number (if known) _____
Name

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Description of the property	Date	Value of property
5.1. Creditor's name Street City State ZIP Code			\$
5.1. Creditor's name Street City State ZIP Code			\$

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Milgro Nursery, Inc Creditor's name P. O. Box 6069 Street Oxnard CA 93031 City State ZIP Code	Negotiated setoff of conflicting claims, Milgro See Attachment 4 Last 4 digits of account number: XXXX-	3/17/2017	\$

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. See Attachment 2 Case number 110083	Wage and Hour	See Attachment 2 Name Street City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.2. See Attachment 3 Case number 17CV0071	See Attachment 3	See Attachment 3 Name Street San Luis Obispo CA City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor Clearwater Nursey, Inc.
Name:

Case number (if known) _____

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address	Description of the property	Value
<div>Custodian's name</div> <div>Street</div> <div>City State ZIP Code</div>	<div>Case title</div> <div>Case number</div> <div>Date of order or assignment</div>	<div>\$</div> <div>Court name and address</div> <div>Name</div> <div>Street</div> <div>City State ZIP Code</div>

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
<div>9.1. Recipient's name</div> <div>Street</div> <div>City State ZIP Code</div> <div>Recipient's relationship to debtor</div>			\$
<div>9.2. Recipient's name</div> <div>Street</div> <div>City State ZIP Code</div> <div>Recipient's relationship to debtor</div>			\$

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost
			\$

Debtor Clearwater Nursey, Inc.
Name:

Case number (if known) _____

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1. <u>Beall & Burkhardt, APC</u>		<u>See Attachment 5</u>	<u>\$ 5,185.50</u>
Address <u>1114 State Street, Suite 200</u> <small>Street</small> <u>Santa Barbara</u> <u>CA</u> <u>93101</u> <small>City State ZIP Code</small> Email or website address Who made the payment, if not debtor? 			

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2. _____			\$ _____
Address <small>Street</small> <small>City State ZIP Code</small> Email or website address Who made the payment, if not debtor? 			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
			\$ _____
Trustee 			

Debtor Clearwater Nursey, Inc.
Name

Case number (if known) _____

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. SEE ATTACHED LIST			\$
Address Street City State ZIP Code Relationship to debtor			
13.2.			\$
Address Street City State ZIP Code Relationship to debtor			

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy	
	From	To
14.1. Street City State ZIP Code		
14.2. Street City State ZIP Code		

**Clearwater Nursery
Items Sold in 2016**

<u>Description</u>	<u>Item #</u>	<u>Amount</u>	<u>Date</u>	<u>Buyer</u>
Dell E2010H & E6510 etc	78	200.00	1/2/2016	Kim Daum
220 each Gaylords		660.00	02/15/16	Victoria Nursery
3,600 15 Gal Container		1,800.00	02/18/16	Giovanni & Christopher Nursery
153 Bags Organic Soil		6,360.00	02/25/16	Destiny Farms, LLC
2,512 15 Gal Container		1,256.00	02/25/16	Giovanni & Christopher Nursery
10 gal Pots		2,274.00	03/02/16	Durant Harvesting, Inc.
Eagle Picher Forklift	25	12,000.00	03/02/16	Durant Harvesting, Inc.
John Deere Skip Loader	35	12,000.00	03/02/16	Durant Harvesting, Inc.
Toyota Forklift-Propane	22	4,000.00	03/02/16	Durant Harvesting, Inc.
Tires (5 each)		600.00	03/03/16	Unknown
15 Gal Pots		1,615.00	03/03/16	Giovanni & Christopher Nursery
John Deere 790 Tractor #7	7	2,800.00	03/04/16	Juan Valdes
John Deere 790 Tractor #8	12	3,200.00	03/04/16	Juan Valdes
John Deere 790 Tractor #10	6	2,800.00	03/04/16	Armando Carrasco Lopez
John Deere 790 Tractor #11	11	3,000.00	03/07/16	Juan Valdes
John Deere 790 Tractor #6	10	3,000.00	03/07/16	Juan Valdes
John Deere 770 Tractor #2	2	2,200.00	03/08/16	James A. Makau
11,100 Plastic Crates		6,600.00	03/16/16	Destiny Farms, LLC
(6) Computer Monitors	78	150.00	03/24/16	Matt De Korte
1996 Intl Tractor Truck	69	3,000.00	03/26/16	Jose Luis Franco
2001 48' Refer Trailer	77	4,500.00	03/26/16	Jose Luis Franco
2001 48' Refer Trailer	76	4,500.00	03/28/16	Jaime Barajas
1991 32' Utility Trailer	74	4,300.00	03/30/16	Durant Harvesting, Inc.
Shelf		5.00	04/01/16	Employee
Water Jug		15.00	04/01/16	Employee
Shelf		5.00	04/01/16	Employee
Chair		10.00	04/01/16	Employee
2000 Intl Tractor Truck	71	3,000.00	4/1/2016	Jose Luis Franco
(4) each Tilt Hoppers	38	1,000.00	04/01/16	Juan Carlos
John Deere 770 Tractor #5	5	1,100.00	04/05/16	Jose Luis Franco
John Deere 790 Tractor #9	9	1,400.00	04/06/16	Alejandro Huitron
Pots & Oasis Wedge		1,473.83	04/07/16	AHS
250 each Gaylords		750.00	04/07/16	Victoria Nursery
6,000 Prefinished		3,000.00	04/12/16	George's Greenhouse LLC
2,850 Plastic Crates		1,710.00	04/25/16	Rancho Espinoza Inc.
(2) Hoop Houses		520.00	04/25/16	Cecilia & Jason Werner
(1) Electric Stapler		10.00	04/26/16	Arianne Spittler
Various Items		16,225.00	04/26/16	Hydra Point Plant Growers
Single Trailers	62	5,900.00	04/26/16	Hydra Point Plant Growers
Triple Layer Trailers	64	1,500.00	04/26/16	Hydra Point Plant Growers
200 gal Spray Rig	34	500.00	04/26/16	Hydra Point Plant Growers
150 gal Spray Rig	41	500.00	04/26/16	Hydra Point Plant Growers
Cooler Racks (43)	61	2,150.00	04/26/16	Hydra Point Plant Growers
1997 Ford F150 Pickup	67	1,000.00	05/16/16	RTF, LLC

Total 124,588.83

Debtor Clearwater Nursey, Inc.
Name

Case number (if known) _____

Part 8: Healthcare Bankruptcies

15. Healthcare bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.1. Facility name Street City State ZIP Code	 Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. 	 How are records kept? Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper
---	---	---

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.2. Facility name Street City State ZIP Code	 Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. 	 How are records kept? Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper
---	---	---

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☒ No.
☐ Yes. State the nature of the information collected and retained. _____
Does the debtor have a privacy policy about that information?
☐ No
☐ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
☐ Yes. Does the debtor serve as plan administrator?
☐ No. Go to Part 10.
☐ Yes. Fill in below:

Name of plan	Employer identification number of the plan
--------------	--

_____ EIN: _____

Has the plan been terminated?

- ☐ No
☐ Yes

Debtor Clearwater Nursey, Inc. Case number (if known) _____
Name

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. _____ Name _____ Street _____ City State ZIP Code	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
18.2. _____ Name _____ Street _____ City State ZIP Code	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
_____ Name _____ Street _____ City State ZIP Code	_____ _____ _____ Address _____ _____	_____ _____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
_____ Name _____ Street _____ City State ZIP Code	_____ _____ _____ Address _____ _____	_____ _____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Clearwater Nursey, Inc. Case number (if known) _____
Name

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
Name			\$
Street			
City State ZIP Code			

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium)
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No

☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number	Name		<input type="checkbox"/> Pending
	Street		<input type="checkbox"/> On appeal
	City State ZIP Code		<input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

Debtor Clearwater Nursey, Inc.
Name

Case number (if known) _____

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	
_____	_____	_____	
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____		

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

	Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1.	Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____	EIN: _____ Dates business existed From _____ To _____
25.2.	Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____	EIN: _____ Dates business existed From _____ To _____
25.3.	Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____	EIN: _____ Dates business existed From _____ To _____

Debtor Clearwater Nursey, Inc. Case number (if known) _____
Name

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Dates of service

From _____ To _____

26a.1.

Charlie Zimmer

Name

887 Mesa Road

Street

Nipomo

City

CA

State

93444

ZIP Code

Name and address

Dates of service

From _____ To _____

26a.2.

Michael Andonian, CPA

Name

1200 Paseo Camarillo #100

Street

Camarillo

City

CA

State

93010

ZIP Code

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

Name and address

Dates of service

From _____ To _____

26b.1.

Name

Street

City

State

ZIP Code

Name and address

Dates of service

From _____ To _____

26b.2.

Name

Street

City

State

ZIP Code

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

If any books of account and records are
unavailable, explain why

26c.1.

Charlie Zimmer

Name

Street

City

State

ZIP Code

Debtor Clearwater Nursey, Inc. Case number (if known) _____
Name

Name and address

If any books of account and records are
unavailable, explain why

26c.2. Michael Andonian

Name

Street

City

State

ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

26d.2.

Name

Street

City

State

ZIP Code

Name and address

26d.2.

Name

Street

City

State

ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No

☒ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of
inventory

The dollar amount and basis (cost, market, or
other basis) of each inventory

Darlene Tardiff

05/31/2016

\$ _____

Name and address of the person who has possession of inventory records

27.1. Darlene Tardiff

Name

2901 Sturgis Road

Street

Oxnard

City

CA

State

93030

ZIP Code

Debtor Clearwater Nursey, Inc. Case number (if known) _____
Name

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
<u>Stephanie Daum</u>	<u>01/31/2015</u>	<u>\$ 7,048,622.02</u> Cost

Name and address of the person who has possession of inventory records

27.2. Stephanie Daum
Name
887 Mesa Raod
Street
Nipomo CA 93444
City State ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
<u>Mahmood Jafroodi</u>	<u>2901 Strugls Road, Oxnard, CA 93030</u>	<u>Chairman - Shareholder</u>	<u>99</u>

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
			From ____ To ____
			From ____ To ____
			From ____ To ____
			From ____ To ____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. <u>Mahmood Jafroodi</u> Name <u> </u> Street <u> </u> <u> </u> City State ZIP Code <u> </u> Relationship to debtor <u>President/Chairman</u>	<u>44,300.05</u>	<u>\$41,236.90</u> <u>on May 13,</u> <u>2016 for</u> <u>See</u> <u>Attachment 6</u>	

Debtor Clearwater Nursey, Inc.
Name

Case number (if known) _____

Name and address of recipient

Name _____

Street _____

City _____

State _____

ZIP Code _____

Relationship to debtor _____

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

Name of the parent corporation _____

Employer identification number of the parent corporation _____

EIN: _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No

☐ Yes. Identify below.

Name of the pension fund _____

Employer identification number of the pension fund _____

EIN: _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 03/23/2017
MM / DD / YYYY

x M. Jafroodi

Signature of individual signing on behalf of the debtor

Printed name Mahmood Jafroodi

Position or relationship to debtor Sole Board Member

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ No

☒ Yes

Attachment
Debtor: Clearwater Nursey, Inc. Case No:

Attachment 1 Additional Payments or Transfers to Insiders:

Insider's Name: Omead Jafroodi
Date of Payments or Transfers: March 1, 2017
Date of Payments or Transfers: \$3,000.00
Reasons for Payment or Transfer: Bonus payment for wind up services

Insider's Name: Jafroodi Properties
Date of Payments or Transfers: May 6, 2016; March 7, 2017
Date of Payments or Transfers: \$13,179.50
Reasons for Payment or Transfer: Legal Expense reimbursement

Attachment 2

Ramirez at al. v. Clearwater Nursery

Attachment 2

Superior Court of California in San Luis Obispo

Attachment 3

Farm West Credit, PCA v. American Horticultural Supply, Inc. et al.

Attachment 3

Judicial Foreclosure and Breach of Contract and Guarantee

Attachment 3

Superior Court of California in San Luis Obispo

Attachment 4

paid \$61,250 (after collector's fees) to Petitioner

Attachment 5

3/11/2016 \$655.00; 4/20/16 \$427.50; 1/5/17 \$475.00, 3/9/17 \$1,131.00 3/17/17
\$2500.00

Attachment 6

Salary
\$3,063.15 on May 6, 2016 for medical reimbursment

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
CENTRAL DISTRICT OF CALIFORNIA

In re

Case No. _____

Debtor

Chapter _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept\$ 2,500.00

Prior to the filing of this statement I have received\$ 2500.00

Balance Due\$ 0

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Date

3/23/17

Signature of Attorney

Beall & Burkhardt, APC

Name of law firm

United States Bankruptcy Court
Central District of California

In re **Clearwater Nursey, Inc.**

Case No.

Debtor.

Chapter **7**


STATEMENT OF CORPORATE OWNERSHIP

Comes now **Clearwater Nursey, Inc.** (the "Debtor") and pursuant to Fed. R. Bankr. P. 1007(a) and 7007.1 state as follows:

____ All corporations that directly or indirectly own 10% or more of any class of the corporation's equity interests are listed below:

OR,

☒ There are no entities to report.

By: 
William C. Beall
Signature of Attorney

Counsel for
Bar no.: **97100**
Address.: **1114 State Street, Suite 200**
Santa Barbara, California 93101

Telephone No.: **(805) 966-6774**
Fax No.: **(805) 963-5988**
E-mail address: **Will@Beallandburkhardt**

UNITED STATES BANKRUPTCY COURT
Central District of California

In re:

Case No. BKY

Clearwater Nursey, Inc. ,

Debtor(s)

Chapter 7 Case

STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

I, Mahmood Jafroodi, declare under penalty of perjury that I am the Sole Board Member of Clearwater Nursey, Inc. , a California corporation and that on the following resolution was duly adopted by the Board of Directors of this corporation:

"Whereas, it is in the best interest of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 7 of Title 11 of the United States Code;

Be It Therefore Resolved, that Mahmood Jafroodi, Sole Board Member of this corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 7 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that Mahmood Jafroodi, Sole Board Member of this corporation, is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case; and

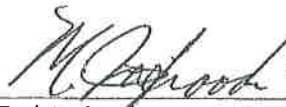
Be It Further Resolved, that Mahmood Jafroodi, Sole Board Member of this corporation, is authorized and directed to employ William C. Beall, attorney and the law firm of Beall & Burkhardt, APC to represent the corporation in such bankruptcy case."

Executed on:	Signed: <i>M. Jafroodi</i>
03/23/2017	Mahmood Jafroodi 2901 Sturgis Road, Oxnard, CA 93030 (Name and Address of Subscriber)

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address William C. Beall 1114 State Street, Suite 200, Santa Barbara, California 93101 Phone: (805) 966-6774 Fax: (805) 963-5988 Bar No: 97100 <input type="checkbox"/> Debtor(s) appearing without attorney <input checked="" type="checkbox"/> Attorney for Debtor	FOR COURT USE ONLY
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - _____	
In re: Clearwater Nursey, Inc.	CASE NO.: CHAPTER: 7
Debtor(s).	VERIFICATION OF MASTER MAILING LIST OF CREDITORS [LBR 1007-1(d)]

Pursuant to LBR 1007-1(d), the Debtor, or the Debtor's attorney if applicable, certifies under penalty of perjury that the master mailing list of creditors filed in this bankruptcy case, consisting of 17 sheet(s) is complete, correct, and consistent with the Debtor's schedules and I/we assume all responsibility for errors and omissions.

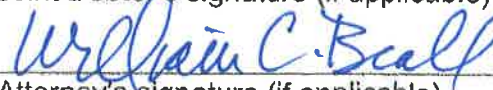
Date: 03/23/2017


Debtor's signature

Date: _____

Joint Debtor's signature (if applicable)

Date: 3/23/17


Attorney's signature (if applicable)

This form is optional. It has been approved for use in the United States Bankruptcy Court for the Central District of California

Clearwater Nursey, Inc.
2901 Sturgis Road
Oxnard, CA 93030

William C. Beall
1114 State Street, Suite 200
Santa Barbara, CA 93101

1980 Jafroodi Family Trust
2901 Sturgis Road
Oxnard, CA 93030

4 Elements, Inc.
6665 Cote De Liesse
Montreal, Quebec, Canada H4T 1Z5

906 Eucalyptus Nursey, LLC
2901 Sturgis Road
Oxnard, CA 93030

Abalone Coast Analytical, Inc.
141 Suburban Road, Ste C-1
San Luis Obispo, CA 93401

Advanced Emission Control Solutions, LP
PO Box 12907
Fresno, CA 93779

Agdia Inc.
52642 County Road 1
Elkhart, IN 46514

AGRx
751 South Rose Avenue
Oxnard, CA 93030

American Express
P.O. Box 981540
El Paso, 79998

American Horticultural Supply
2901 Strugis Road
Oxnard, CA 93030

American Horticultural Supply, Inc
2901 Sturgis Rd.
Oxnard, CA 93030

American Horticultural Supply, Inc.
2901 Sturgis Road
Oxnard, CA 93030

American Industrial Supply
543C W. Betteravia Road
Santa Maria, CA 93455

Amtrust North America, Inc.
800 Superior Avenue E
Cleveland, OH 44114

Andre, Morris & Buttery
1102 Laurel Lane
P.O. Box 730
San Luis Obispo, CA 93406

API Waste Services
PO Box 5754
Santa Maria, CA 93455

Aris Horticulture, Inc.
P.O. Box 76096
Cleveland, OH 44101-4755

ASA Flower Bulbs
Hameyasdim1st
Moshav Bitzaron, Isreal 60946

Azar Jafroodi
2901 Sturgis Road
Oxnard, CA 93030

Ball Horticultural Company
622 Town Road
West Chicago, IL 60185

Ball Seed Co.
622 Town Road
West Chicago, IL 60185

Bank of America
P.O. Box 982235
El Paso, TX 79998

Barajas Transport
1024 S. Western Avenue
Santa Maria, CA 93458

Berger Horticultural Products, LTD
P.O. Box 656
Sulpher springs, TX 75483

Biobest
2020 Fox Run Road
Leamington, ON, Canada N8H 3V7

Brian Wick dba Brian Boiler Works Co
P.O. Box 3223
San Luis Obispo, CA 93405

Cal-Coast Irrigation
1480 W. Stowell Road
Santa Maria, CA 93458

California Chamber of Commerce
P.O. Box 526020
Sacramento, CA 95852-6020

California Electric Supply
PO Box 14196
Orange, CA 92863

California Floral Transport
PO Box 990
Mabelvale, AR 72103

Carolyn Ramirez, et al
c/o Allen Hutkin
1229 Higuera Street, First Floor
San Luis Obispo, CA 93401

Central Coast Pallets
P.O. Box 1409
Santa Maria, CA 93458

Central Plastics & Manufacturing, LLC
1905 North MacArthur Drive Suite 100
Tracy, CA 95376

CJ Ruigrok & Sons
Zilkerbinnenweg 58
2191 AD De Silk, The Netherlands

Coastal Nursery
117 Rancho Road
Watsonville, CA 95076

Corporate Recovery Associates, LLC
3830 Valley Center Drive, Suite 705-152,
San Diego, CA 92130

Custom Labor Services, Inc.
125 W. Mill Street
Santa Maria,

Custom Labor Services, Inc.
c/o Vincent Martinez, 215 N. Lincoln St.
Santa Maria, CA 93458

DecoWraps
8900 NW 33rd St., Suite 100
Doral, FL 33172

Downey Brand, LLP
Attn: Andrew Collier
621 Capital Mall, 18th Floor
Sacramento, CA 95814

Driscoll Strawberry Associates, Inc.
345 Westridge Drive
Watsonville, CA 95076

Driscoll Strawberry Associates, Inc.
Payment Processing Center
PO Box 201261
Dallas, TX 75320

Easy Fuel, Inc.
1346 East Taylor Street
San Jose, CA 95133

Enrique Zuniga, Jr dba EZ Transportation
4841 Refsing Place
Oxnard, CA 93033

EZ Shipper Racks Inc.
P. O. Box 31001-1221
Pasadena, CA 91110-1221

Farm Credit West, ACA
1178 Tama Lane
Santa Maria, CA 93455

Fence Factory of Santa Maria
2709 Santa Maria Way
Santa Maria, CA 93455-1796

FHI, LLC
P.O. Box 890949
Charlotte, NC 28289-0949

Fides
PO Box 26
De Lier, Nederland, The Netherlands 26

Flamingo Holland, Inc.
1250 Avenida Chelsea
Vista, CA 92081

Florida Beauty Flora, Inc.
P.O. Box 528042
Miami, FL 33152-8042

ForemostCo
P. O. Box 162068
Miami, FL 33116-2068

Fox Rothschild, LLP
1800 Century Park East, Suite 300
Los Angeles, CA 90067-1506

Franchise Tax Board
P. O. Box 942867
Sacramento, CA 94267

Garden Marketing Group, LLC
9239 Premier Row
Dallas, TX 75247

Gibbs International, Inc.
P.O. Box 748062
Los Angeles, 90074-8062

Ginegar Plastics, Inc.
P.O. Box 837
Chester, SC 29706

Glenn Burdette
1150 Palm Street
San Luis Obispo, CA 93401

Gloeckner and Co., Inc.
600 Mamaroneck Avenue
Harrison, NY 10528

Greenex United States Inc.
5485 Wiles Road #406
Coconut Creek, FL 33073

Griffin Greenhouse Supplies, Inc.
PO Box 842937
Boston, MA 02284-2937

Grower Logistical Services
P.O. Box 580
Watsonville, CA 95077

Guadalupe Hardware Company, Inc.
P.O. Box 337
Guadalupe, 93434

Harbor Freight Tools
P. O. Box 748076
Los Angeles, CA 90074-8076

Headstart Nursery, Inc
4860 Monterey Road
Gilroy, CA 95020

Helena Chemical Company
P. O. Box 742558
Los Angeles, CA 90074-2558

High Rise Balloons & Floral Supplies
9101 Wall St., Suite 1080
Austin, TX 78754

Highland Supply Corporation
1111 Sixth Street
Highland, IL 62249

Home Depot
P.O. Box 182676
Columbus, OH 43218-2676

Horace Anderson Greenhouses
375 La Costa Avenue
Encinitas, CA 92024

Industrial Radiator Service, Inc.
PO Box 2160
Nipomo, CA 93444

Internal Revenue Service
P.O. Box 7346
Philadelphia, PA 19101-7346

International Freight Services, Inc.
1610 Rollins Road
Burlingame, CA 94010

Jaffe & Asher, LLP
600 Third Avenue
New York, NY 10016

Jafroodi Properties, LP
2901 Sturgis Road
Oxnard, CA 93030

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2901 Sturgis Road
Oxnard, CA 93030

Jafroodi, Mahmood
2901 Sturgis Road
Oxnard, CA 93030

James K. Gribaudo, db Gribaudo Farms
P. O. Box 2720
Lodi, CA 95241

Joan Perry dba Reefer Trailer Rents
P. O. Box 2779
Orcutt, CA 93457

Jorge Alvaro Barajas Rodriquez DBA Baraj
1900 South Lincoln Street
Santa Maria, CA 93454

Jose Luis Franco Dba - J Franco Trucking
604 West Vista Circle
Santa Maria, CA 93458

Kaman Industrial Technologies
P.O. Box 25356
Los Angeles, CA 90074-5356

Kisco Sales
301 Sumner Street
Bakersfield, CA 93305-5141

Koen Pack USA
C/O First Capital
PO Box 643382
Cincinnati, OH 45264-3382

Lift Truck Repair Service
558 E. Santa Cruz Ct.
Santa Maria, CA 93455

LLT Bar Code & Label, Inc.
P.O. Box 945837
Atlanta, GA 30394-5837

Luz Properties, LLC
301 West Church Street
Santa Maria, CA 93458

Madland Toyota-Lift, Inc.
4485 Buck Owens Blvd.
Bakersfield, CA 93308

Mahmood Jafroodi
2901 Sturgis Road
Oxnard, CA 93030

MasterTag
P.O. Box 67
Montague, MI 49437

Miner's Ace Hardware
1056 West Grand Ave
Grover Beach, CA 93433

MMC Emergency Phys Med Group
PO Box 94913
Oklahoma City, OK 73143

Moises Novoa Dba M. Novoa Trucking
2211 Pullman Avenue
Santa Maria, CA 93458

Mountain Valley Express Co., Inc.
P.O. Box 2569
Manteca, CA 95336

Oak Harbor Freight Lines, Inc.
P.O. Box 1469
Auburn, WA 98071-1469

Oceano Ice Company
P.O. Box 338
Oceano, CA 93475

Office Depot Credit Plan
P.O. Box 689020
Des Moines, IA 50368

Onsite Computers & Design, Inc.
PO Box 8632
Santa Maria, CA 93456

Pacific Gas and Electric Company
Box 997300
Sacramento, CA 95899-7300

Pacific Union Transportation
837 West Las Flores Way
Santa Maria, CA 93458

Pacifica Personnel, Inc.
PO Box 725
Santa Maria, CA 93456

Packaging Credit Company, LLC
PO Box 51584
Los Angeles, CA 90051-5884

Pape Kenworth
PO Box 1650
Eugene, OR 97440

Parks Company
2511 Grant Ave
San Leandro, CA 94579

Penning Freesia B.V.
Postbus 9
Honselersdijk, Holland 2675 ZG

Perry's Electric Motors and Controls Inc
414 S Western Avenue
Santa Maria, CA 93456

Peterson Taft Investments, LLC
2520 W. Nob Hill Blvd.
Yakima, WA 98902

Pindstrup Mosebrug A/S
C/o Atradius Collections, Inc.
1200 Arlington Hts Rd. Suite 410
Itasca, IL 60143

Powerstride Battery Co., Inc.
2330 Westgate Rd, #1
Santa Maria, CA 93455

Praxair Distribution, Inc.
Dept LA 21511
Pasadena, CA 91185

Quality Packaging & Supplies, Inc.
2400 Statham Blvd.
Oxnard, CA 93033

R. Erandi Zamora
2210 K Street, Suite 201
Sacramento, CA 95816

R.S. Fire Protection
P.O. Box 334
Atascadero, CA 93423

Rabobank
Cardmember Service
P. O. Box 790408
St. Louis, MO 63179

Ray's Auto Parts
225 "A" West Betteravia Road
Santa Maria, CA 93455

Ric's Tire Service
P.O. Box 5044
Santa Maria, CA 93456-5044

Robert Mann Packaging, Inc.
Department 39000
PO Box 39000
San Francisco, CA 94139

Robertson Supply, Inc.
P.O. Box 1140
Pismo Beach, CA 93448

Royalty Administration International
10175 Six Mile Cypress Parkway
Suite 3
Fort Myers, FL 33966-6993

San Luis Obispo County Assessor
055 Monterey Street, D360
San Luis Obispo, CA 93408

San Luis Obispo County Tax Collector
1055 Monterey Street, Room D-290
San Luis Obispo, CA 93408

SAUVE-GUITTET
BP 40071
72302 SABLE CEDEX,

Seaside Packaging
1450 E. Wooly Rd
Oxnard, CA 93030

Sheppard West, Inc.
Redfeather Ridge
27850 Lady Slipper Loop
Eugene, OR 97405

Southern California Edison
P.O. Box 800
Rosemead, CA 91770

Sprint
PO Box 4181
Carol Stream, IL 60197

Sun Gro Horticulture
36212 Treasury Center
Chicago, IL 60694-6200

Sunlet Nursery, Inc.
3636 Luneta Lane
Fallbrook, CA 92028

Superior Quality Copiers, Inc.
1052 East Grand Avenue
Arroyo Grande, CA 93420

Syngenta
P.O. Box 12257
3054 East Cornwallis Road
East Triangle Park, NC 27709

Target Specialty Products
P. O. Box 3408
Santa Fe Springs, CA 90670

Temkin International, Inc.
213 South Temkin Way
Payson, UT 84651

The Arbory Ltd
4079 Thirteenth Street
Jordan Station, Ontario, Canada L0

Total Quality Logistics, Inc.
PO Box 634558
Cincinnati, OH 45263

Triflor Export BV
Tulpenkade 1 1733
1734 JP Oude Niedorp
Oude Niedorp, 1734 JP

Twin Oaks Growers, Inc.
1969 Marilyn Lane
San Marcos, CA 92069

Vaughan's Horticulture LLC
PO Box 92170
Elk Grove Village, IL 60009

Victoria Nursery, Inc.
1085 No. Victoria Avenue
Oxnard, CA 93031

Vision Produce
1651 East Bay Street
Los Angeles, CA 90021

Westerbeek Bulb Company Inc.
PO Box 9577
Terra Haute, IN 47808

Western Propane Service
2326 Meredith Lane
Santa Maria, CA 93455

Zabo Plant Inc.
C/o The LaSource Group
PO Box 422
Northeast, PA 16428